

DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION

RECORDS INVENTORY WORKSHEET

| Department/Division | | Allotment Code | Index/Cost Center |
|---|-----------------------------|-------------------------------|-------------------|
| Person Completing Inventory | | Date | Telephone |
| Records Series Title | | RDA Number Currently Assigned | |
| 4. Purpose of Records | | | |
| 5. Description (Include form numbers and titles, attach sample and include additional sheets if needed) | | | |
| 6. Location of Records (specify room number, building, etc.) | | | |
| 7. File Arrangement Alphabetical Numerical Other If other, explain: | | | |
| 8. Current Media Format Records are Generated Paper Magnetic/Electronic Other If other, explain | | | |
| 9. Current Media Format Records are Maintained Paper Magnetic Microfilm Microfiche Other If other, explain: | | | |
| From: To: | 1. Annual Accumulation (cu. | , | , |
| 13. Records Value (more than one box may be checked) Administrative Fiscal Legal Historical | | | |
| 14. Are records subject to fiscal audit? yes no State Both | | | |
| 15. Statutory Requirements | | | |
| 16. File Reference Frequency (indicate number of references) Current year Ref./Monthly; Past Year Ref./Monthly; 2 thru 5 years Ref./Monthly; Over 5 years Ref./Monthly | | | |
| 17. Vital Confidential (if checked, cite TCA: Driginal Duplicate If duplicate, where are original records maintained? | | | |
| 18. Media Recommendation Recommend records be maintained in Current Format Microfilm Microfiche Other (specify) | | | |
| 19. Recommended Disposition: The files are to be cut off at the end of each calendar year fiscal year other (specify) then, Maintain in agency month(s) year(s); then Transfer to State Records Center; Hold year(s); then Destroy Destroy after Destroy when Maintain permanently Transfer to Library and Archives where records will be screened and evaluated for historical purposes. Migrate tapes, cd's or other electronic media when software or hardware is upgraded or replaced. Other (specify) | | | |
| 20. Justify the recommended disposition as stated above: | | | |
| This Inventory Worksheet has been reviewed and approved by the Records and Forms Review Committee. | | | |
| Chairman Signature | | Division Director Signate | ure |
| Records Officer Signature | | | |

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